BEST AVAILABLE COPY

MULTIPLE DE. NDENT CLAIM								SERIAL NO.				FILING DATE			
FEE CALCULATION SHEET								ł	1 × 1						
(FOR USE WITH FORM PTO-875)								APPLICA	NT(S)	10	196	35	37		
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PTO-1344	(REV. 11/44)										ENT of COM	MERCE			